



800 Patterson Avenue  
Akron, Ohio 44310  
(330) 375 -2819



DANIEL HARRIGAN  
MAYOR

# Patterson Park Community Center Basketball Skills Set Camp



6 Week Day Camp  
for  
Ages 7—13 years old  
Monday-Thursday  
June 13th—July 21st  
9:00 a.m.—2:30 p.m.



**\$50 per camper**

Basketball Skills Set Camp Includes;  
Basketball Drills & Skills... Social Development... Free Breakfast & Lunch

**We accept money order only! Make payable to City of Akron.**  
Registration and fees are due before the first day of camp!  
Registration is now through Friday June 17th.

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Detach & Return to Patterson Park CC. For more information call 375-2819, email us at  
[Patterson\\_cc@akronohio.gov](mailto:Patterson_cc@akronohio.gov), or find us at [akronohio.gov/atterson\\_park\\_brochure\\_pdf](http://akronohio.gov/atterson_park_brochure_pdf)

**We accept Money Orders only payable to The City of Akron**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact & P hone: \_\_\_\_\_  
School attending: \_\_\_\_\_ Parent Email: \_\_\_\_\_

I hereby give my child/ward permission to participate in the City of Akron Program. I understand that this program has certain risks and could result in injury to my child/ward. I agree to hold harmless and free from liability the City of Akron, as well as their agents. Employees or sponsors for any injuries which may occur to my child./ward as a result of their participation in this program. I understand and agree that my child/ward must follow the instruction given by the instructor and he/she must follow the rules and regulations of the City of Akron and the instructors. I hereby confirm my child's./ward's physical fitness and ability to participate in this program. Permission is granted to use photographs of my child/ward for promotional material published by and for the City of Akron Recreation Bureau. I understand that my child/ward must be able to speak and understand the English language.

Sign (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Persons with disabilities needing assistance are asked to contact Billy Soule, Assistant to the Mayor of Community Relations, 166 S. High St. Akron, Ohio 44308, 375-2189(VOICE), 375-2345(TTY), at least seven days in advance.  
Visit our website at [www.akronohio.gov/cms/recreation](http://www.akronohio.gov/cms/recreation)

